



**From: School Office**

**To: Parents and carers**

**RE: SCHOOL DINNER REQUIREMENTS**

PLEASE RETURN THIS FORM TO ENABLE US TO CONTINUE TO PROVIDE APPROPRIATE MEALS FOR YOUR CHILD

Name of Child..... Class  
..... Year.....

Please tick appropriate box:

My child does **not** require a special diet

My child requires:

Vegetarian

Halal Food

No Dairy

No Fish

**NB If you require a Special Medical Diet, you will need to request a special form for the catering company to consider. (Available from the School Office).**

**SIGNED..... Parent/Carer .....**

**Date .....**